## New Jersey Public Employment Relations Commission <u>NON-POLICE AND FIRE</u> <u>COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM</u>

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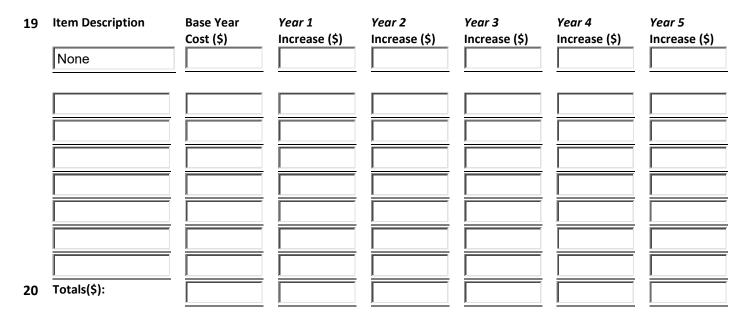
## **SECTION I: Parties and Term of Contracts**

	Section 1. Parties and Term of Contracts						
1	Public Employer: City	Public Employer: City of Egg Harbor					
2	Employee Organizatio	n: Teamsters Loca	al #331	Number of Employees in Unit: 8			
3	Base Year Contract Te	rm: 2017-2020		New Contract Term:	2021-2023		
	SECTION II: Type of	Contract Settlem	ent (please check	only one)			
4	Contract sett	led without neutral	assistance				
5	Contract sett	led with assistance of	of mediator				
6	Contract sett	led with assistance of	of fact-finder				
7	Contract settl	ed with assistance of	of super-conciliator				
8	If contract was settled	in fact-finding, did	the fact-finder issue	e a report with recom	mendations?		
	Yes No						
	SECTION III: Salary	Base					
	The salary base is the the the parties negotiate t		-	xpired or expiring agr	eement. This is th	ne base cost from wh	nich
9	Salary Costs in Base Year \$416,306						
10	Longevity Costs in Base Year \$						
11	Total Salary Base		\$				
	SECTION IV: Salary	Increases for Each	n Year of New Agr	eement*			
		Year 1	Year 2	Year 3	Year 4	Year 5	
12	Effective Date (month/day/year)	1/1/21	1/1/22	1/1/23			
13	Cost of Salary Increments (\$)	2,952	0	0			
14	Salary Increase Above Increments (\$)	6,231	12,773	13,148			
15	Longevity Increase (\$)	0	0	0			
16	Total \$ Increase (sum of lines 13-15)	9,183	12,773	12,773			
17	New Salary Base (\$)	425,489	438,262	451,410			
18	Percentage increase over prior year	2.2 %	3 %	3 %		%	%

\*If contract duration is longer than five years, please add an additional page.

Employer: City of Egg Harbor	Employee Organization:	Page 2
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## SECTION V: Increases in Other Contractual Economic Items or Newly Added Economic Items\*



\*If contract duration is longer than five years, please add an additional page.

	SECTION VI: Medical Costs		
		Base Year	Year 1
21	Health Plan Cost	\$ <mark>103,470</mark>	<mark>\$</mark> 105,756
22	Prescription Plan Cost	\$ <mark>18,660</mark>	<b>\$</b> 18,494
23	Dental Plan Cost	\$ <mark>10,558</mark>	<b>\$</b> 10,041
24	Vision Plan Cost	\$ <mark>1,349</mark>	<b>\$</b> 1,349
25	Total Cost of Insurance	\$ <sup>134,037</sup>	\$ <mark>135,640</mark>
26	Employee Insurance Contributions	\$ <mark>17,104</mark>	\$ <mark>17,518</mark>
27	Employee Contributions as % of Total Insurance Cost	12.76	% 12.92 <u>%</u>

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Employer:	Cih	y of	Egg	Havb Employee	Organization:	eamsters	Loca1#331	Page 3

Section VI: Medical Costs (continued)

25.02 55	hanges that were ind s agreed to cha	h Benefits Plan 20/30	Э.

## **SECTION VII: Certification and Signature**

29 The undersigned certifies that the foregoing figures are true:

Print Name:	Jodi Kahn
Position/Title:	CFO
Signature:	paikahn
Date:	10/6/21

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: <u>contracts@perc.state.nj.us</u>

NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429 Trenton, NJ 08625 Phone: 609-292-9898

Revised 8/2016

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